Started on	Tuesday, March 18, 2025, 2:46 PM
State	Finished
Completed on	Tuesday, March 18, 2025, 3:03 PM
Time taken	17 mins 25 secs
Grade	**13.50** out of 20.00 (**67.5**%)

Question 1

Partially correct

13.50 points out of 20.00

Instructions and helpful hints for completing the documentation on the medication records:

- Use the following times of day
  - **One time a day** occurs at 8AM
  - **Twice a day** occurs at: 8AM and 10PM
  - **Three times a day** occurs at: 8AM, 4PM and 10PM
  - **Four times a day** occurs at: 8AM, 12PM, 4PM and 10PM
  - **One time a day at bedtime** occurs at: 10PM
- Enter the times exactly as they appear above.
- Use **Chris Smith** as your name when documenting on the medication record and use initials **CS.**

Important Notes

1. Check your work for typos, extra spaces, etc. before submitting.
2. Be aware, you may need to scroll up and down as well as left to right in order to find the correct place to enter information in the Medication Record.
3. No punctuation (comma, periods, colons, etc.) should be included when entering information.
4. Place a single dash (-) in each box to indicate a line through that box.
5. Enter medication as 100 mg not 100mg
6. Use the format from the pharmacy label in the question, including the date format:
   a. If the label says 2 tablets, do not abbreviate it to 2 tabs
   b. If the label says Give 2 times per day, don't write two times per day
   c. If the label says three tablets, don't write 3 tablets
   d. If the date says 10/5/2023 don't write 10/05/23 or October 5, 2023
7. Be sure to check the spelling of the individual, physician, medication, and diagnosis.

Question 1: Using pharmacy label 1 document the information on the medication record for Wilma Schorn

PHARMACY LABEL 1
Local Drugstore, Inc.
DEA#: 555353

123 Main Street
Anytown, PA 16006
123-123-4567

RPH: STV
Original script date:
5/1/2022

RX 1313 22 746
Wilma Schorn
234 Main Street
Anytown, PA 16006

Date Filled: 5/1/2022

123-234-2345

Give 1 tablet by mouth three times a day for high blood pressure

Lopressor 25 mg
QRS Drugs, Inc.
Tim Barns MD

QTY: 90
Refills: 3
Drug Expiration Date: 5/1/2023

MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14

Atenolol 100 mg Take 1 tablet by	8am	✓													
✗	4pm	✓													
	10pr	✓													

Dates of administration from: 7/1/2022 **to:** 7/31/2022

PHYSICIAN(S):

Tim Brown

✗

ALLERGIES: no known allergies

DIAGNOSES:

High blood pressure

✓

NAME: Wilma Schorn	**DOB:** 12/7/1950	**ID Number:** 000-0000-00

Question 2: Using pharmacy label 2 document the information on the medication record for Wilma Schorn

PHARMACY LABEL 1
Local Drugstore, Inc.
DEA#: 555353
123 Main Street
Anytown, PA 16006
123-123-4567

RPH: STV
Original script date:
5/1/2022

RX 1313 22 746
Wilma Schorn
234 Main Street
Anytown, PA 16006

Date Filled: 5/1/2022

123-234-2345

Give 1 tablet by mouth one time a day for osteoporosis

Evista 60 mg
QRS Drugs, Inc.
Jennifer Desio MD

QTY: 60
Refills: 3
Drug Expiration Date: 5/1/2023

MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Evista 60 mg Take 1 tablet by mou	8am	✓													
✗															

Dates of administration from: 7/1/2022 to: 7/31/2022

PHYSICIAN(S):

Jennifer Desio

✓

ALLERGIES: no known allergies

DIAGNOSES:

Osteoporosis

✓

NAME: Wilma Schorn	**DOB:** 2/7/1950	**ID Number:** 000-0000-00

Question 3: Using pharmacy label 3 document the information on the medication record for Wilma Schorn

PHARMACY LABEL 1
Local Drugstore, Inc.
DEA#: 555353
123 Main Street
Anytown, PA 16006
123-123-4567

RPH: STV
Original script date:
5/1/2022

RX 1313 22 746
Wilma Schorn
234 Main Street
Anytown, PA 16006

Date Filled: 5/1/2022

123-234-2345

Give 2 tablets by mouth three times a day for seizures

Carbamazepine 200 mg
QRS Drugs, Inc.
Thomas Burns MD

QTY: 120
Refills: 3
Drug Expiration Date: 5/1/2023

MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Carbamazepine 200 mg Take 2 tak	8am	✓													
✕	4pm	✓													
	10pr	✓													

Dates of administration from: 7/1/2022 to: 7/31/2022

PHYSICIAN(S):

Thomas Burns

✓

ALLERGIES: no known allergies

DIAGNOSES:

Seizures

✓

NAME: Wilma Schorn	**DOB:** 12/7/1950	**ID Number:** 000-0000-00

Question 4: Wilma Schorn is ordered Evista 60 mg

Give 1 tablet by mouth one time a day for osteoporosis

Document a typical medication administration for Evista on 7/4/2022 at 8AM

For this question your name is **Chris Smith**, and your initials are **CS**

Medication Record

MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Evista 60 mg Give 1 tablet by mouth one time a day for osteoporosis	8AM	HB	HB	HB	CS	✓									

Dates of administration from: 7/1/2022 to: 7/31/2022

PHYSICIAN(S): Thomas Burns MD		
ALLERGIES: no known allergies		
DIAGNOSES: osteoporosis		
NAME: Wilma Schorn	**DOB:** 2/7/1950	**ID Number:** 000-0000-00

Back of Medication Record

Initials	Printed Name / Signature
HB	Halie Bailey/Halie Bailey
CS	Chris Smith
✓	✓

Dates of administration from:		7/1/2022 to 7/31/2022
Name: Wilma Schorn	**DOB:** 2/7/1950	**ID Number:** 000-0000-00

Question 5: Marguerite Adams is ordered Lopressor 25 mg

Give 1 tablet by mouth three times a day for high blood pressure

Document a missed dose of Lopressor on 7/7/2022 at 8AM

For this question your name is **Chris Smith**, and your initials are **CS**

Medication Record

MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Lopressor 25 mg Give 1 tablet by mouth three times a day for high blood pressure	8AM	HB	HB	HB	HB	HB	HB	CS	✕						
	4PM	JC	JC	JC	JC	JC	JC								
	10PM	JC	JC	JC	JC	JC	JC								

Dates of administration from: 7/1/2022	to: 7/31/2022
PHYSICIAN(S): Tim Barns MD	
ALLERGIES: no known allergies	
DIAGNOSES: high blood pressure	

NAME: Marguerite Adams	**DOB:** 1/1/1979	**ID Number:** 000-0000-00

Back of Medication Record

Initials	Printed Name / Signature
HB	Halie Bailey/Halie Bailey
JC	Joel Cruz/Joel Cruz

CS	Chris Smith	
✓	✓	
Dates of administration from:		7/1/2022 to 7/31/2022
Name: Marguerite Adams	**DOB:** 1/1/1979	**ID Number:** 000-0000-00

Question 6: Freddrick Smith has an order from Thomas Burns MD for Lopressor 25 mg

Give 1 tablet by mouth three times a day for high blood pressure

Give one dose at 10AM on 7/6/2022

Document the administration of the late dose of Lopressor on the medication record

For this question your name is **Chris Smith**, and your initials are **CS**

Medication Record

MEDICATION	**HOUR**	**__1__**	**__2__**	**__3__**	**__4__**	**__5__**	**__6__**	**__7__**	**__8__**	**__9__**	**__10__**	**__11__**	**__12__**	**__13__**	**__14__**
		CS	CS	CS	CS	CS	CS	-	-	-	-	-	-	-	- ✓
✗															
Dates of administration from: 7/1/2022						to: 7/31/2022									
PHYSICIAN(S): Thomas Burns MD															
ALLERGIES: no known allergies															
DIAGNOSES: high blood pressure															
NAME: Freddrick Smith	**DOB:** 10/1/1969					**ID Number:** 000-0000-00									

Back of Medication Record

Initials	**Printed Name / Signature**	
HB	Halie Bailey/Halie Bailey	
CS	Chris Smith	
✓	✓	
Dates of administration from:		7/1/2022 to 7/31/2022
Name: Freddrick Smith	**DOB:** 10/1/1969	**ID Number:** 000-0000-00